



Consent Information – Atrial Fibrillation Ablation

1. What is a cardiac catheter ablation?

Ablation is used to treat some types of rapid, irregular or abnormal heart beats.

There are two types of Ablation - Radio Frequency Ablation (RFA) and Cryo Ablation. You will have one of the following procedures:

The procedure will usually done under local anaesthetic and sedation. A General Anaesthetic is sometimes require your doctor will discuss this with you further

A needle with a tube connected to it will be put in your arm. This is called an intravenous line or IV. You will have an injection of local anaesthetic into your right groin.

A very small incision is made in the skin and a special catheter, is passed up through the vein in the groin into your heart. The doctors can see the catheter using X-Rays.

The doctor is able to find the abnormal heartbeat in a particular area of the heart. The catheter will 'burn or freeze' that part of the heart muscle. This will cause a scar to this area of the heart. It may take several attempts to scar the area.

A mild burning feeling may be felt in the chest when the abnormal pathway is being disconnected. This is the 'ablation'. The burning feeling will lessen when the ablation ceases. This burning feeling does not occur with cyro ablation.

When the scar forms, this cuts off the abnormal pathway. This prevents further abnormal heartbeats.

2. What are the risks of this specific procedure?

In recommending this procedure your doctor has balanced the benefits and risks of the procedure against the benefits and risks of not proceeding. Your doctor believes there is a net benefit to you going ahead. This is a very complicated assessment.

There are risks and complications with this procedure. They include but are not limited to the following.

Common risks and complications (more than 5%) include:

- Bruising at the puncture site.

Uncommon risks and complications (1- 5%) include:

- Develop other arrhythmia.
- A hole is accidentally made in the heart, Aorta or heart valves. This may need surgery to repair
- Major bruising or swelling at the groin puncture site. This (rarely) may need surgery.
- A stroke. This may cause long term disability.
- Blood clot in the leg (DVT) causing pain and swelling. In rare cases part of the clot may break off and go to the lungs.
- Skin injury from radiation. This may cause reddening of the skin.
- A higher lifetime risk from exposure to radiation.
- Pericarditis. This is an inflammation of the heart sack that can cause chest pain for some weeks after the procedure.

Rare risks (less than 1%) include;

- Narrowing of the veins from the lungs to the heart.
- This can be serious, causing breathlessness and may require further procedures.
- Heart attack.
- Damage to the phrenic nerve that controls the diaphragm (breathing muscle).
- Atrial Oesophageal fistula. A hole forms between the gullet and heart. This can cause vomiting of blood and a stroke. This may be life threatening.
- Death as a result of this procedure is rare